

Name  
in  
Full

Susie Baynards' Infant-Child

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

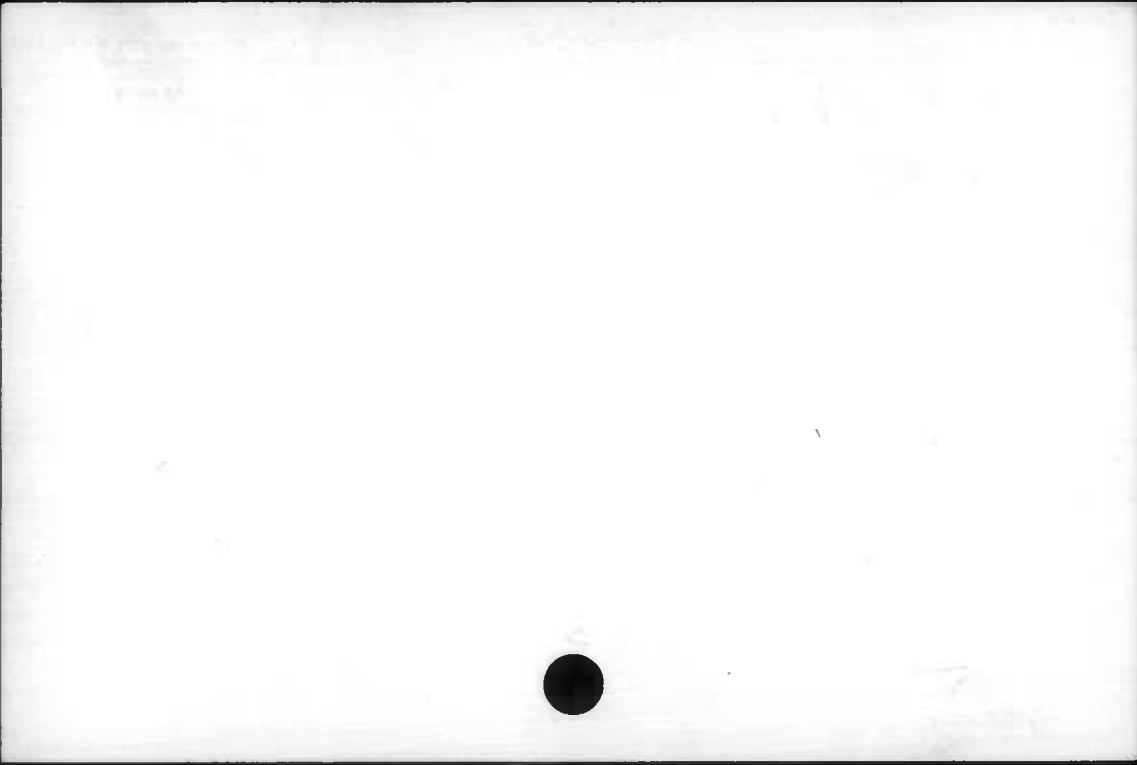
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		2	24				7
Sex		Color or Race		Birth-place			
Boy		negro		Centerville Md			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		David Frazier				Father's Birthplace	
						2. A. Co.	
Mother's Maiden Name		Susie Baynard				Mother's Birthplace	
						2. A. Co	
Name of person giving Information		Sol. Baynard				How related to deceased	
						FATHER	

CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

Primary	Lagrippe	How long	born weak
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		John W. Lauman	
		Sub Registrar	
Accident or Suicide			



Name  
in  
Full

Infant Child of Mary Blake

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

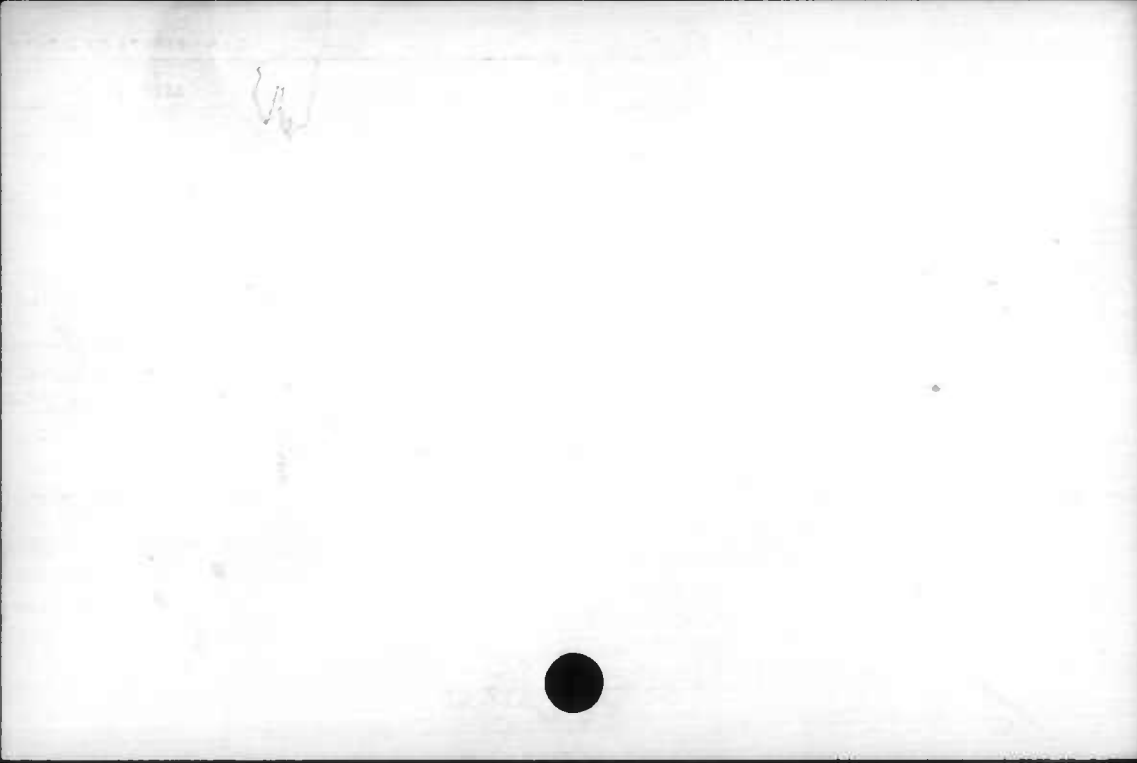
Died at <u>Centerville</u> Town		<u>Queen Anne</u> County		MARYLAND	
Date of death <u>1909</u>	Month <u>2</u>	Day <u>6</u>	Age <u>      </u>	Months <u>1</u>	Days <u>      </u>
Sex <u>male</u>	Color or Race <u>Negro</u>	Birth-place <u>      </u>			
Occupation <u>      </u>		Where Residing if not at place of death <u>      </u>			
Married, Single or Widowed <u>      </u>	Name of Wife or Husband <u>      </u>				
Father's Name <u>Daniel F. Pierce</u>	Father's Birthplace <u>Spanish Neck</u>				
Mother's Maiden Name <u>Mary Blake</u>	Mother's Birthplace <u>Queen Anne Co</u>				
Name of person giving Information <u>Mary Blak</u>	How related to deceased <u>Mother</u>				

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary <u>Congenital Weakness</u>	How long <u>2 weeks</u>
Immediate <u>Pneumonia</u>	How long <u>3 days.</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>E. F. Smith</u>
<u>X</u> Accident or Suicide	Address <u>Centerville Md.</u>



Name  
in  
Full

Martha A Coursey

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

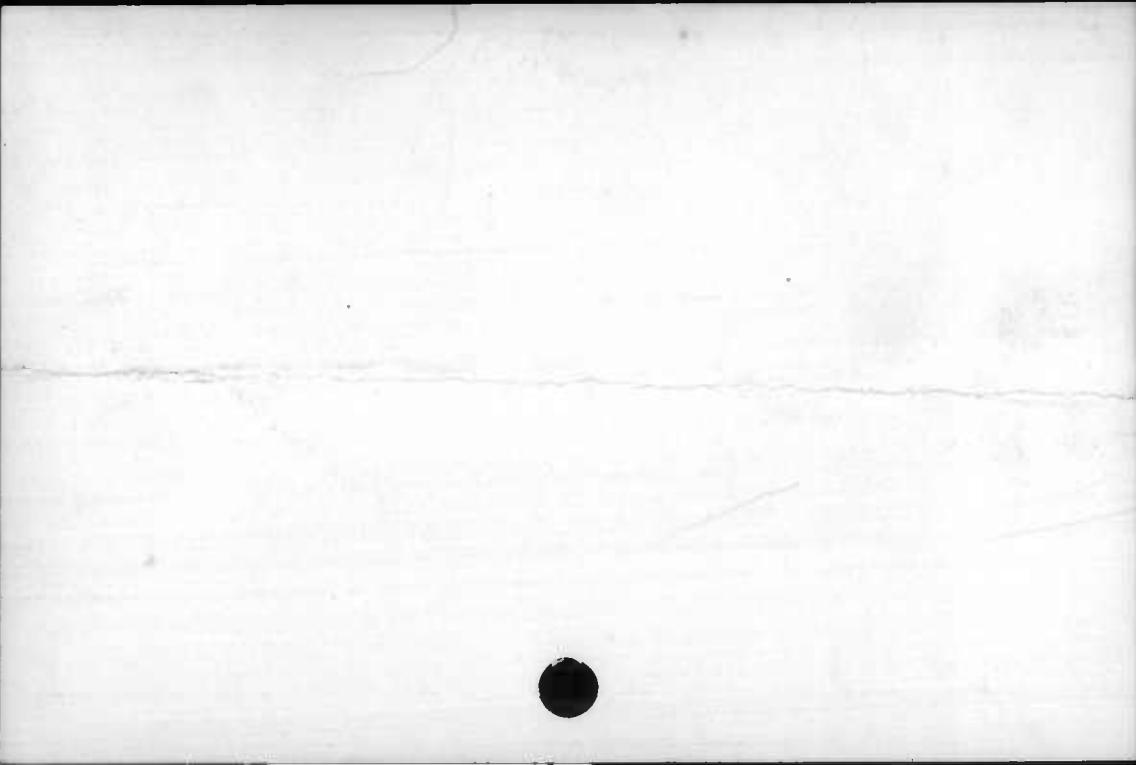
Died at <i>Bardley</i> Town		<i>Jenn Anne</i> County		MARYLAND	
Date of death <i>1909</i>	Month <i>7</i>	Day <i>23</i>	Age <i>84</i>	Months <i>11</i>	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Occupation <i>None</i>		Where Residing if not at place of death <i>Bardley</i>			
Married, Single or Widowed	Name of Wife or Husband <i>Jas. E Coursey</i>				
Father's Name <i>— Mason</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving information <i>Chris of her Coursey</i>	How related to deceased <i>Son</i>				

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary <i>Infirmities of advanced age</i>	How long <i>comparatively good health</i>
Immediate <i>Suddenly, Probably heart-</i>	How long <i>Suddenly 1/2 hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Foster Sudler</i>
<i>8</i>	Address <i>Sudersville Ind</i>
Accident or Suicide?	



Name  
in  
Full

Edward Henry Curington

## CERTIFICATE OF DEATH

Died at <i>Winchester</i>		Town		County <i>D. C.</i>		MAYLAND	
Date of death <i>1909</i>	Month <i>Feb</i>	Day <i>9</i>	Age <i>74</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Centerville, Md.</i>				
Occupation <i>Farmer</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Chen Curington</i>		Father's Birthplace <i>D. C., Md.</i>					
Mother's Maiden Name <i>Anne Maria Reeves</i>		Mother's Birthplace <i>Baltimore, Md.</i>					
Name of person giving Information <i>Miss Anna Pamel</i>		How related to deceased <i>Cousin</i>					

TO BE ANSWERED BY  
NEAREST FRIEND

## CAUSES OF DEATH

112

Primary <i>Cirrhosis of liver</i>	How long <i>Two years</i>
Immediate <i>Cardiac exhaustion</i>	How long <i>Four days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Rowland H. Ford</i>
	Address <i>Queenstown, Md.</i>
Accident or Suicide	

PHYSICIAN  
OR CORONER





Name  
in  
Full

Anna Elizabeth Downs

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Burrsville</i> Town		<i>Queens</i> County		MARYLAND	
Date of death	<i>1909</i> Year	<i>Feb</i> Month	<i>18</i> Day	<i>16</i> Years	<i>9</i> Months
Sex	<i>Female</i>	Color or Race	<i>Black</i>	Birth-place	<i>Queen Anne's</i>
Occupation	<i>None</i>		Where Residing if not at place of death <i>Burrsville</i>		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband —			
Father's Name	<i>Hodeston Downs</i>		Father's Birthplace	<i>Caroline Co</i>	
Mother's Maiden Name	<i>Lizzie Starkley</i>		Mother's Birthplace	<i>Queens Anne's</i>	
Name of person giving information	<i>Hodeston Downs</i>		How related to deceased	<i>Father</i>	

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<i>Consumption</i>	How long	<i>3 mo</i>
Immediate		How long	

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

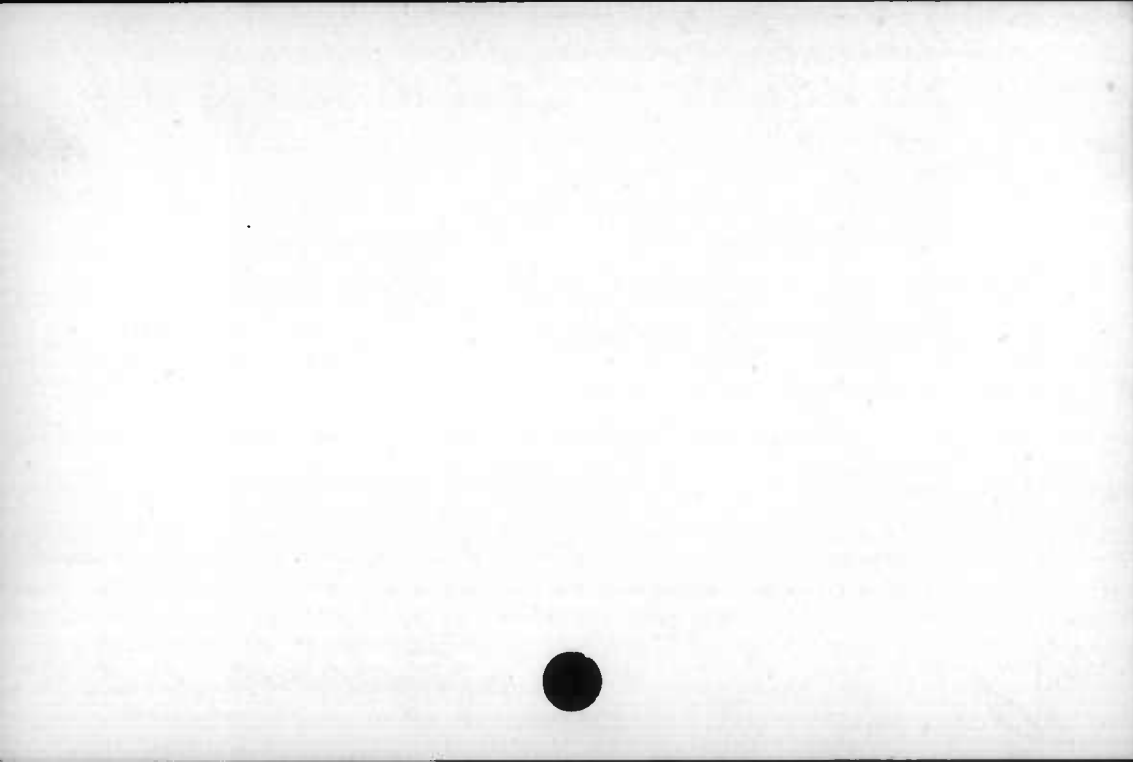
*Doctor I called about the same time as the child name*

Accident or Suicide?

*no doctor*

*John W. Harman*

*Sub Registrar*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

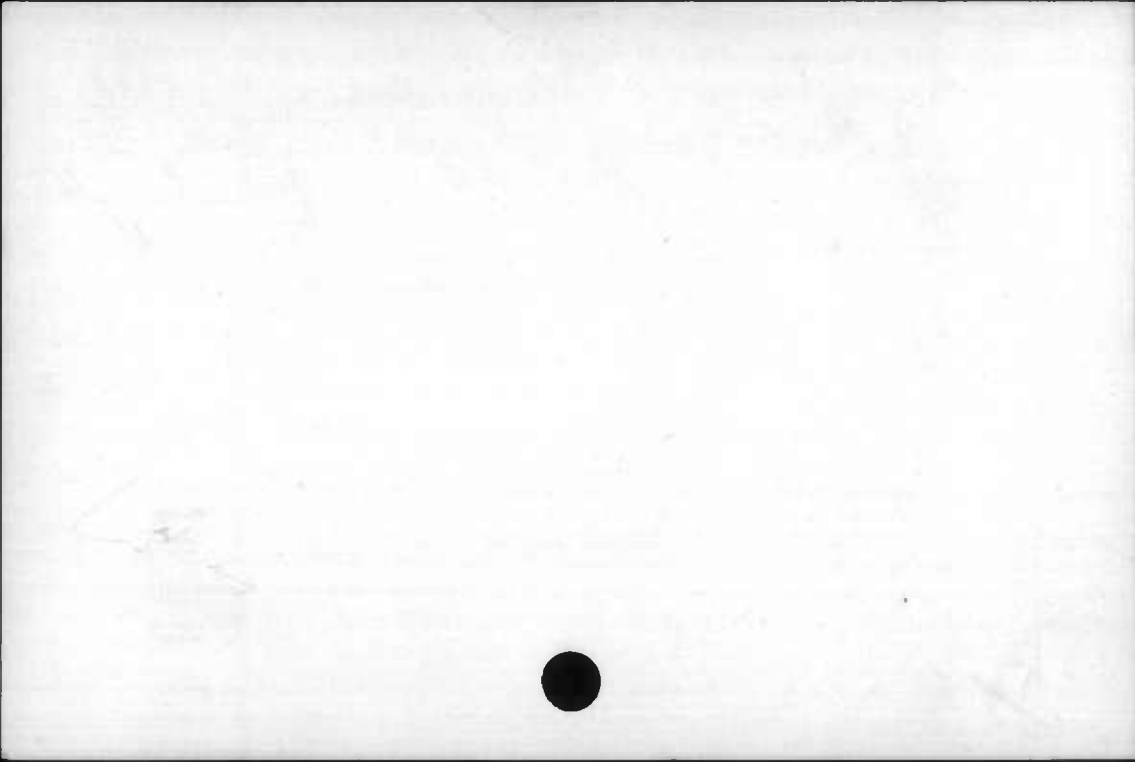
Name in Full <i>William T. Fields</i>		Town <i>Templeville</i>		County <i>Queen Anne</i>		MARYLAND	
Died at <i>Templeville</i>		Month <i>2</i>		Day <i>4</i>		Years <i>39</i>	
Date of death <i>1909</i>		Age <i>39</i>		Months <i>3</i>		Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Delaware</i>			
Occupation <i>Farmer</i>		Where Residing If not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Ella M. Fields</i>					
Father's Name <i>Christfield Fields</i>		Father's Birthplace <i>Md-</i>					
Mother's Maiden Name <i>Mary Walls</i>		Mother's Birthplace <i>Md-</i>					
Name of person giving information <i>Samuel Cahall</i>		How related to deceased <i>Brother-in-law</i>					

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary		How long	
Immediate <i>Pulmonary Phthisis</i>		How long <i>one year</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. H. Smith, M.D.</i>	
Address <i>Templeville Md.</i>			
Accident or Suicide? <i>8</i>			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

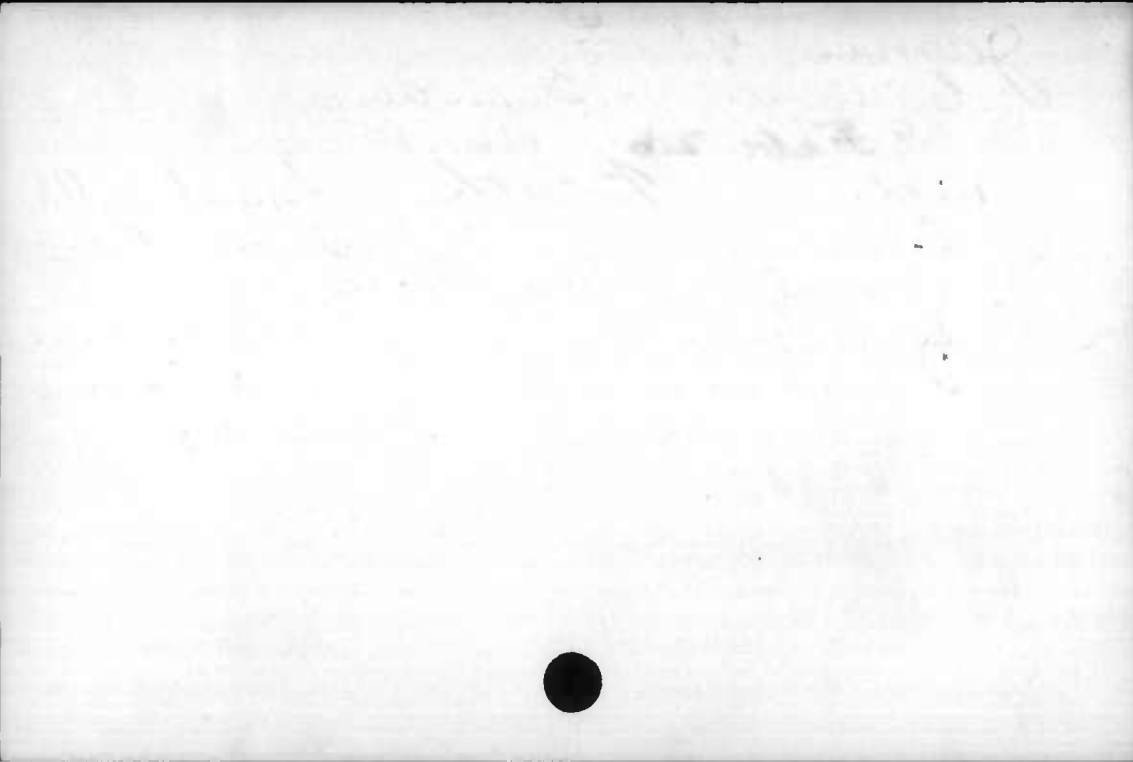
Name in Full <b>James Gross.</b>		Town <b>Centerville</b>		County <b>Queen Anne</b>		MARYLAND	
Died at <b>Centerville</b>		Month <b>Feb.</b>		Day <b>26</b>		Years <b>about 68</b>	
Date of death <b>1909 Feb. 26</b>		Months <b></b>		Days <b></b>		Age <b>about 68</b>	
Sex <b>male</b>		Color or Race <b>Black</b>		Birth-place <b>Greensboro-Md.</b>		Occupation <b>Labrer</b>	
Married, Single or Widowed <b>Married</b>		Name of Wife or Husband <b>Mary Gross.</b>		Where Residing if not at place of death <b>Centerville-Md.</b>		Father's Name <b>Israel Gross</b>	
Mother's Maiden Name <b>do not know</b>		Father's Birthplace <b>do not know</b>		Mother's Birthplace <b>do not know</b>		How related to deceased <b>wife</b>	
Name of person giving information <b>Mary Gross</b>							

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary <b>Chronic Nephritis</b>	How long <b>I don't know</b>
Immediate <b>urine</b>	How long <b>2 days</b>
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>	Signature of Physician <b>Monteaudon</b>
Address <b>Centerville Md</b>	
Accident or Suicide? <b>no</b>	



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Finley Walton Holden

Town

County

MARYLAND

Died at *Queenstown**2.A.*

Date

Month

Day

Years

Months

Days

of death *1909**2**6*

Age

*—**one**16*

Sex

*male*Color or  
Race*white*Birth-  
place*Queenstown*

Occupation

*—*Where Residing if not  
at place of death*—*Married, Single  
or WidowedName of Wife or  
Husband*—*Father's  
Name*Finley S. Holden*Father's  
Birthplace*Talbot Co.,*Mother's  
Maiden Name*Mellie Conner*Mother's  
Birthplace*2.A.Co.,*Name of person giving  
information*Jas. E. Holden*How related  
to deceased*S. F. Fotherman*

## CAUSES OF DEATH

**93**

Primary

*Pneumonia*

How long

*10 days -*

Immediate

*"*

How long

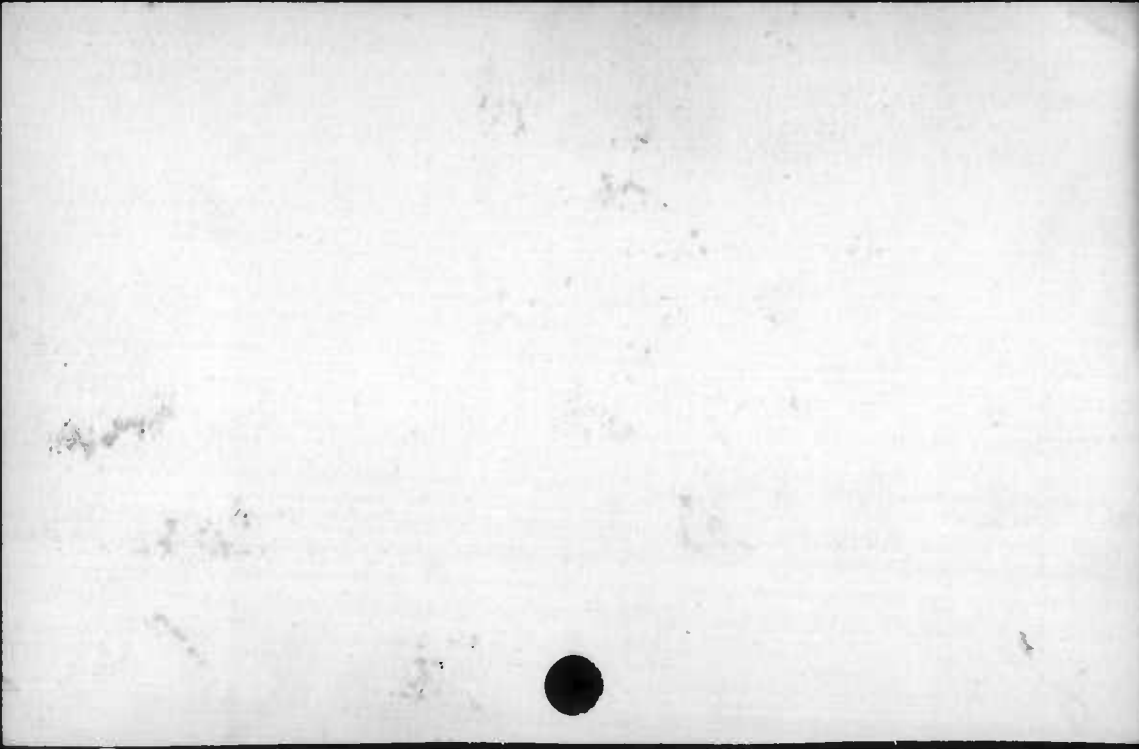
*do -*Are the name, age, sex, color, date  
and place correctly given above?*Yes -*Signature of  
Physician*W. W. Chaires,*

Address

*Queenstown Md.*

Accident or Suicide?

PHYSICIAN  
OR CORONER*Indirect Centinua  
Ma*





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

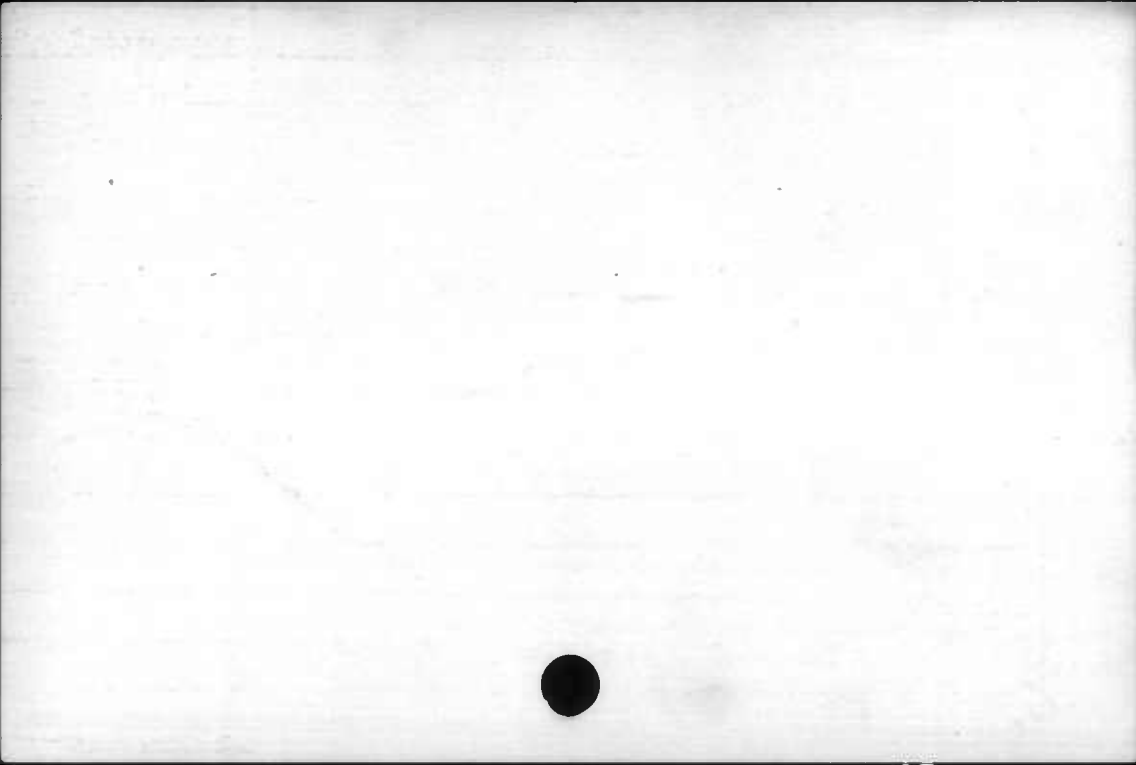
Name <i>Samuel C Jewell</i>		Town <i>At home near Roe,</i>		County <i>Queen Anne's</i>		State <i>MARYLAND</i>	
Died at		Date of death		Age		Months <i>6</i>	
Month <i>Feb</i>		Day <i>24</i>		Years <i>19</i>		Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Queen Anne's</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>home</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>to C Jewell</i>		Father's Birthplace <i>2 H. Co</i>			
Father's Name <i>to C Jewell</i>		Mother's Maiden Name <i>Mary C Berchmont</i>		Mother's Birthplace <i>2 H Co</i>			
Name of person giving information <i>to C Jewell</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

178

PHYSICIAN  
OR CORONER

Primary <i>Ill health, always compli</i>	How long <i>4 or 5 years</i>
Immediate <i>Heart Failure</i>	How long <i>Sudden</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes,</i>	Signature of Physician <i>Laura C Beddingfield</i>
	Address <i>Hayden Rd</i>
Accident or Suicide?	



Name in Full		Town		County		MAYLAND	
Francis B. Johns		Church Hill		Queen Anne's			
Died at		Date of death		Age		Months Days	
1909		Feb 17		51		11 5	
Sex		Color or Race		Birth-place			
Male		White		Harford Co			
Occupation		Where Residing if not at place of death					
Mechanic		at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Married		Sarah E. Johns (nee Ford)					
Father's Name		Father's Birthplace					
Do not know		Do not know					
Mother's Maiden Name		Mother's Birthplace					
Do not know		Do not know					
Name of person giving information		How related to deceased					
J E Johns		Son					
CAUSES OF DEATH							
Primary		How long					
Chronic Nephritis		14 yr					
Exhaustion		How long					
1 hr							
Immediate		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
Yes		Yes		H. S. Dudley			
No		No		Address			
Accident or Suicide?		No		Church Hill			
				Queen Anne's Co Md			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

James T. Lane

Town

County

MARYLAND

Died at

Month

Day

Years

Months

Days

Date  
of death

1909

Feb

15

Age

52

5

1

Sex

Male

Color or  
Race

White

Birth-  
place

Chapel

Occupation

Farming

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Jas. T. Lane

Father's  
Name

Thomas Lane

Father's  
Birthplace

Chapel

Mother's  
Maiden Name

Louisa Craft

Mother's  
Birthplace

Wife Mills

Name of person giving  
information

John Lane

How related  
to deceased

Brother

## CAUSES OF DEATH

79

Primary

Valvular Disease of Heart

How long

18 mo

Immediate

Paralysis (Cardiac)

How long

Instantaneous

Are the name, age, sex, color, date  
and place correctly given above?

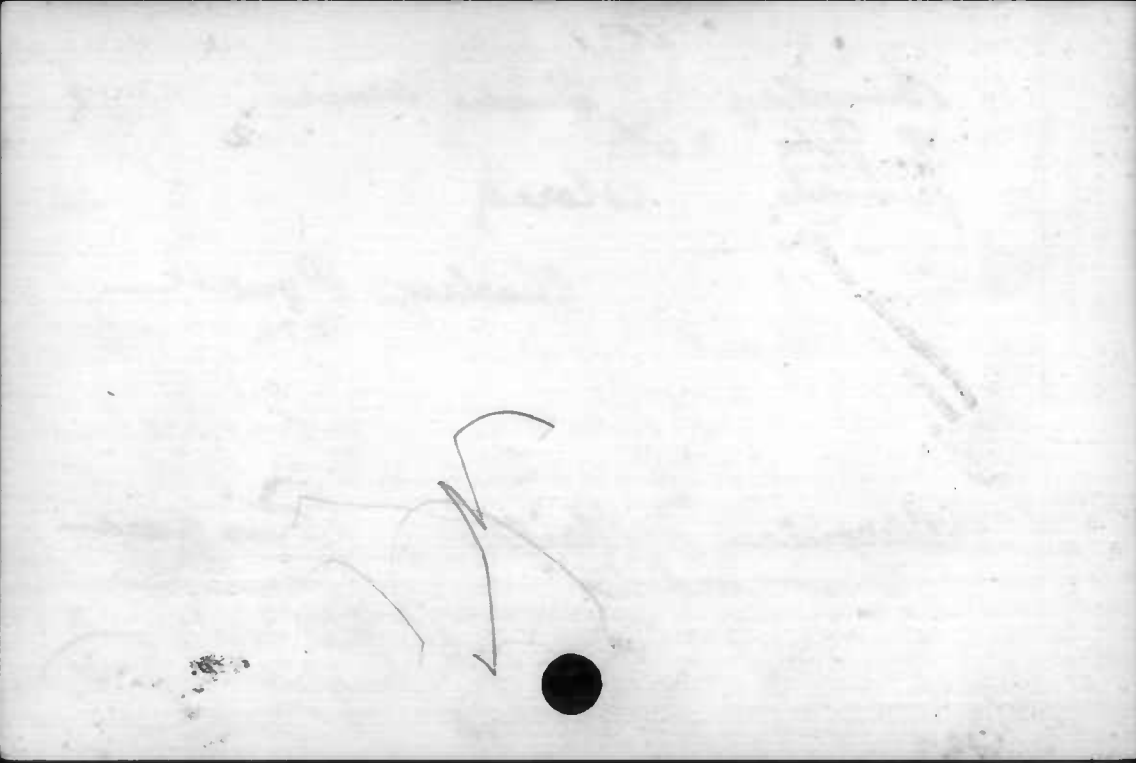
Yes

Signature of  
Physician

Address

Percy Kemp  
Harrisville, Md.PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

Mary E Powell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Burclay</i>		Town <i>Duane Anne</i>		County		MARYLAND	
Date of death 1909		Month <i>Feb.</i>	Day <i>20<sup>th</sup></i>	Age <i>47</i>	Years	Months	Days
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>L. A. Co.</i>			
Occupation <i>House wife</i>		Where Reading if not at place of death					
Married, <del>Single</del> <i>Widow</i>		Name of Wife or Husband <i>Charles Powell</i>					
Father's Name <i>James Kelley</i>		Father's Birthplace <i>Queen Anne's</i>					
Mother's Maiden Name <i>Mary Gilbert</i>		Mother's Birthplace <i>Caroline Co</i>					
Name of person giving Information <i>Chas Powell</i>		How related to deceased <i>Husband</i>					

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	<i>Chronic Nephritis</i>	How long	<i>Two years</i>
Immediate	<i>Endocarditis</i>	How long	<i>Three months</i>
Are the name, age, sex, color, data and place correctly given above? <i>yes</i>		Signature of Physician <i>W. W. T. Brown M.D.</i>	
		Address <i>Dagueride</i>	
Accident or Suicide <i>no</i>		<i>Ind.</i>	





Name  
in  
Full

## CERTIFICATE OF DEATH

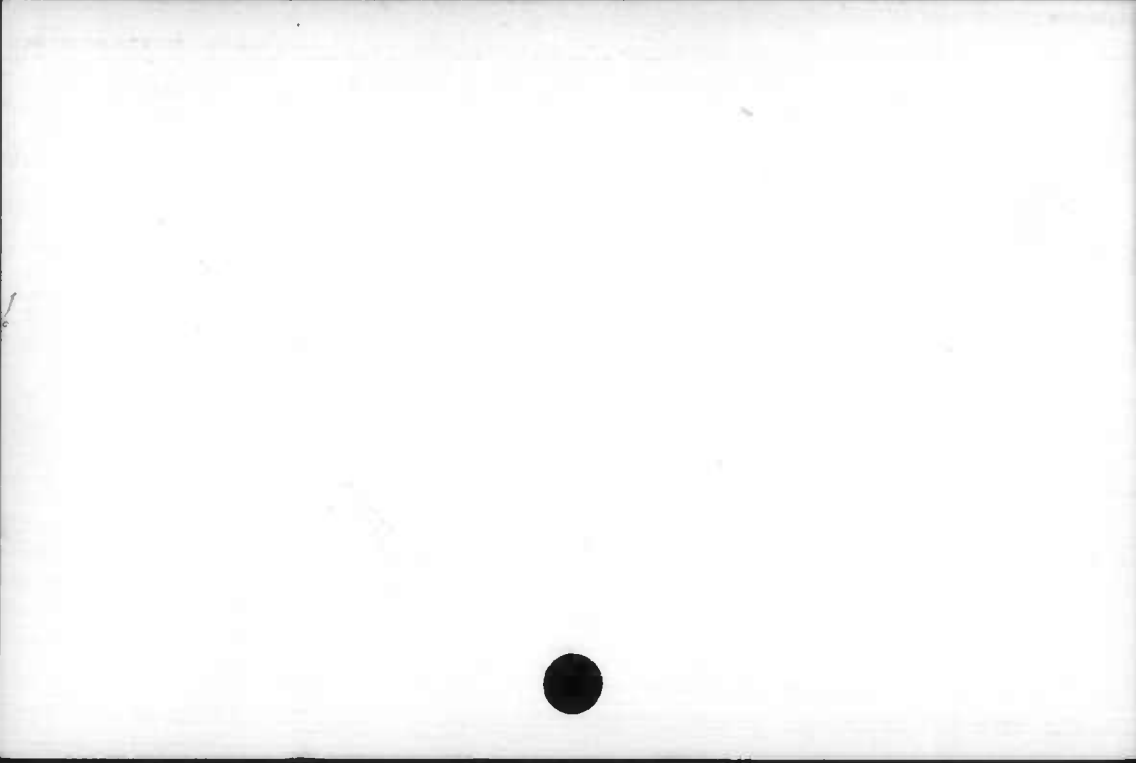
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>No Name Rochester</i>		Town <i>Ingleside</i>		County <i>Queen Anne's</i>		MARYLAND	
Died at <i>Ingleside</i>		Month <i>Feb</i>		Day <i>4</i>		Years <i>Dead Born</i>	
Date of death <i>1909</i>		Month <i>Feb</i>		Day <i>4</i>		Age <i>Dead Born</i>	
Sex <i>Male</i>		Color or Race <i>colored</i>		Birth-place <i>Ingleside</i>			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Alford Rochester</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Addie Buff</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving Information <i>Alfred Rochester</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long <i>8</i>
Immediate <i>Dead Born</i>	How long <i>Dead Born</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. H. Phillips</i>
	Address <i>Barclay Ind</i> } <i>Sub. Reg</i>
Accident or Suicide	



Name  
in  
Full

CERTIFICATE OF DEATH

*Annie May Simpson*  
Town *Culpeper* County *Queen Anne's*

MARYLAND

Died at

Date

of death

*1909*

Month *Feb*

Day *5*

Age

Years

Months *3*

Days *4*

Sex

Color or  
Race

Birth-  
place

*Female*

*Blk*

*Ind*

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

*Thos Simpson*

Father's  
Birthplace

*Ind*

Mother's  
Maiden Name

*Annie Simpson*

Mother's  
Birthplace

*Ind*

Name of person giving  
In formation

*Thos Simpson*

How related  
to deceased

*father*

CAUSES OF DEATH

*179*

Primary

*Constitutional weakness*

How long

*from birth*

Immediate

*marasmus*

How long

*2 wks*

Are the name, age, sex, color, date  
and place correctly given above?

*Yes*

Signature of  
Physician

*W. D. B. & M.*

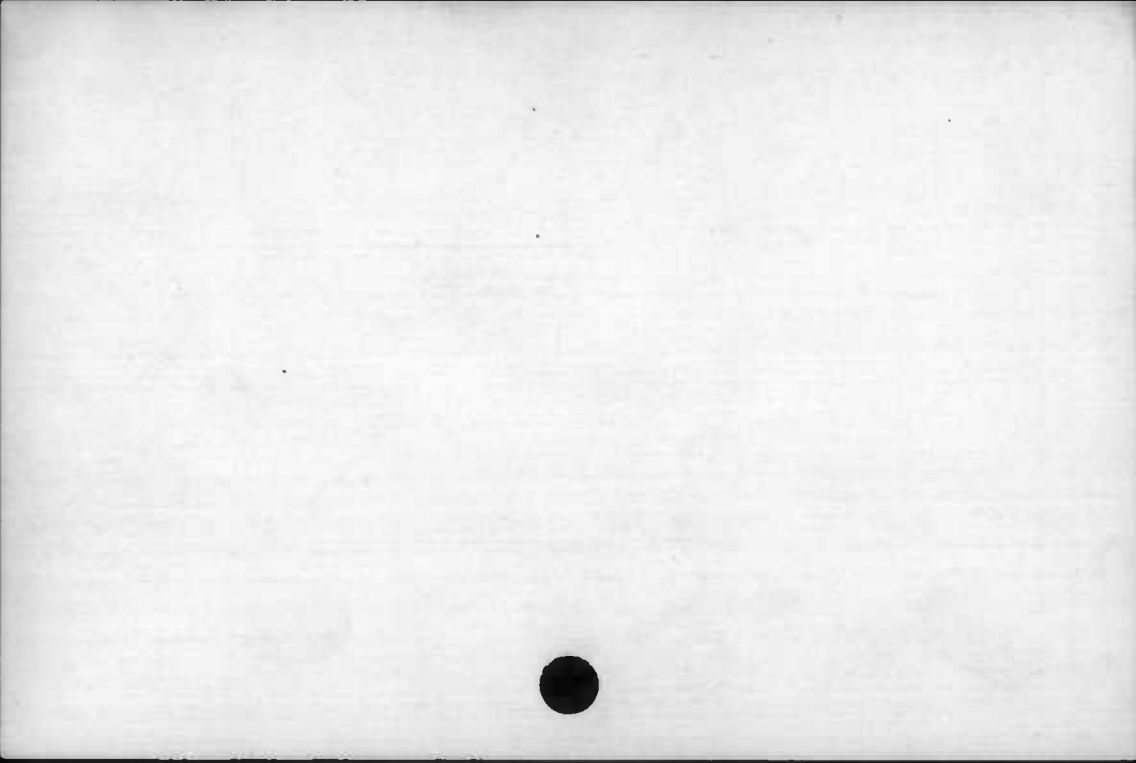
Address

*Culpeper*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Fannie Summers

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

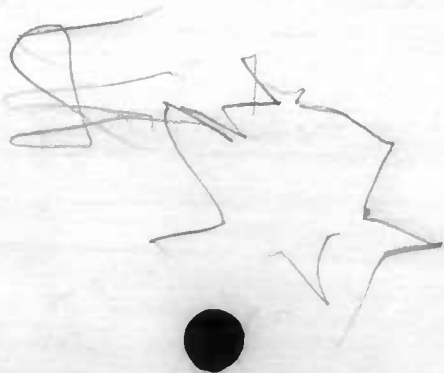
Died at		Town Chester		County D. C.		MARYLAND	
Date of death	1909	Month Feb.	Day 7	Age 49	Years	Months	Days
Sex	Female		Color or Race	white		Birth- place	Kent Island
Occupation	General housework		Where Residing if not at place of death		11 11		
Married, Single or Widowed	widowed		Name of Wife or Husband		Billie Summers		
Father's Name	Not known				Father's Birthplace	Not known	
Mother's Maiden Name	Sara Tolson				Mother's Birthplace	Kent Island	
Name of person giving Information	Fannie Moon				How related to deceased	Niece	

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary	Indigestion & general debility		How long	2 years
Immediate	Paralysis of Heart		How long	Immediate
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	C Percy Keap
X Accident or Suicide			Address	Stevensville, Md.



Name  
in  
Full

Aunice V. Thornton

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cumterville</i> <sup>Town</sup>		<i>Sumner</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1909</i>	Month	<i>July</i>	Day	<i>22</i>
Age		<i>9</i>		Years	
Sex		<i>Female</i>		Color or Race	<i>African</i>
Occupation		<i>School</i>		Birth-place	<i>Cumterville Md</i>
Where Residing if not at place of death		<i>Place of death</i>			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband	<i>—</i>	
Father's Name	<i>John R Thornton</i>			Father's Birthplace	<i>Pa</i>
Mother's Maiden Name	<i>Thornice Hall's</i>			Mother's Birthplace	<i>Md</i>
Name of person giving information	<i>John R Thornton</i>			How related to deceased	<i>Father</i>

## CAUSES OF DEATH

119

PHYSICIAN  
OR CORONER

Primary	<i>Acute Encephalitis</i>		How long	<i>5 weeks</i>
Immediate	<i>Uremia</i>		How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>		
Signature of Physician		<i>J. Morrison</i>		
Address		<i>Cumterville Md</i>		
Accident or Suicide?		<i>no</i>		





Name  
in  
Full

Alfred Tucker

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
1909		Month	Day	Years	Months	Days	
Date of death		2	26	Age	70	7	
Sex		Color or Race		Birth-place			
male		white		Centerville Md			
Occupation				Where Residing if not at place of death			
Judge Alfred Cox							
Married, Single or Widowed		Name of Wife or Husband					
married		Susie C. Atwell					
Father's Name				Father's Birthplace			
Alfred Tucker				Queen Anne Co.			
Mother's Maiden Name				Mother's Birthplace			
Emily J. Dawson				Centerville Md			
Name of person giving Information				How related to deceased			
Chas E. Tucker				Son			

## CAUSES OF DEATH

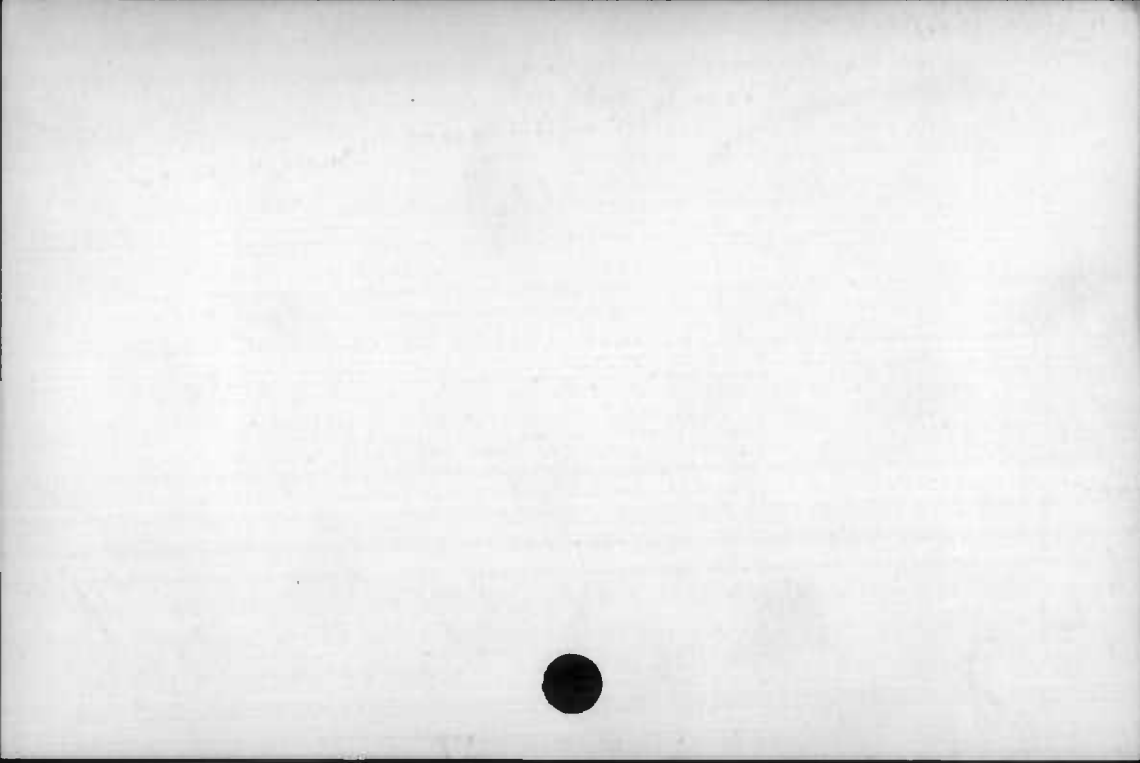
40

PHYSICIAN  
OR CORONER

Primary		How long	
Cause of death		18 months	
Immediate		How long	
Inanition		1 month	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Address	
m		m	
Accident or Suicide			



Name in Full		Argelous Wye				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Browns Corner		County Queen Anne		MARYLAND	
	Date of death		1909	Month 2	Day 4	Age 39		Months
	Sex		male		Color or Race		Negro	
	Occupation		Laborer		Birth-place		Queen Anne Co	
					Where Residing if not at place of death			
	Married, Single or Widowed		Married		Name of Wife or Husband		Annie L. Conyar	
	Father's Name		Perry Wye		Father's Birthplace		Maryland	
Mother's Maiden Name		Malissa Ringold		Mother's Birthplace				
Name of person giving information		Annie L. Wye		How related to deceased		Wife		
<div>CAUSES OF DEATH</div> <div>27</div>								
PHYSICIAN OR CORONER	Primary		Tuberculosis		How long		6 or 8 mos	
	Immediate		Exhaustion		How long		1 week	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		J. Woodruff M.D.	
					Address		Baltimore	
	Accident or Suicide?		no				Queen Anne Co	



Name  
in  
Full

Unknown Drowned Man

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died <del>at</del> <sup>Town</sup> <del>St. Louis</del> <sup>County</sup> <del>Mo.</del> <sup>La.</sup>		MARYLAND	
Date of death	1909	Feb	7
Sex	Male	Color or Race	Colored
Occupation	Unknown		
Married, Single or Widowed	Where Residing if not at place of death		
Father's Name	Father's Birthplace		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving Information	How related to deceased		

## CAUSES OF DEATH

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PHYSICIAN  
OR CORONER

Primary	Supposed to be Drowned	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Address
	T. A. Tolson	Justice of Peace Stevensville Md
Accident or Suicide		

